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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	. ,	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/812,198 03/29/2004 Michael Robert Morford 079171.0114 2865 TITLE OF INVENTION: ADAPTIVE, APPLICATION-AWARE SELECTION OF DIFFERENTIATED NETWORK SERVICES							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	YES	\$755 1510	\$0	\$0	\$75/5/0	01/16/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	,			
MAUNG, ZARNI 1. Change of correspondence address or indication		2451	709-224000				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney in the listed, no name will be	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no hame is listed, no name will be printed. 1			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Packeteer, Inc. Sunnyvale, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are s Sissue Fee Publication Fee (No sn Advance Order - # of 0	ubmitted:	4b	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as about by the record of the United States Power 1.27 (2).							
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